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THE DENTAL ASPECT OF MEDICAL INSPECTION OF SCHOOLS.*

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If the records of medical inspection in any school be examined it will be found that the great bulk of the physical defects are in the mouth and throat. Of these the vast majority consist of diseased teeth and mouths, while of the remainder, many may be, and some undoubtedly are, caused by mouth conditions. Records of mouth conditions made by a dental surgeon naturally show a higher percentage of defects, the results of examinations in most localities, showing an average of about 95 per cent. of children with defective teeth.

The conditions vary from that of the child with one or two small cavities to that of those whose mouths are a mass of decay, disease and filth almost beyond description. It is a common occurrence to find mouths so utterly filthy and diseased as to be a menace to the other children and a source of pollution of the air of the schoolroom.

They are conditions that have to be seen to be appreciated; mouths repulsive with filth and decay; hypertrophied and inflamed gum tissue; jagged and suppurating roots; cavities filled with fermenting refuse from previous meals; broken and decayed teeth containing the dead and putrifying remains of the tissues which formed the pulp of the tooth; frequently as many as four or five discharging abscesses, veritable pus factories, pouring continuous streams of pus into the mouth and stomach of the child; teeth covered with green stain and fermenting food particles, and in many cases as a direct result of this mass of infection, a throat blocked by adenoids and enlarged tonsils, and a tongue and fetor of breath giving striking evidence of the resultant indigestion and constipation in the intestinal tract. This is by no means an exaggerated description. Hundreds of cases of which the foregoing is a faithful picture may be found in the schools of any community.

The menace in the decay and loss of the teeth on the health of school children is manifold. It renders thorough mastication impossible and establishes the habit of bolting the food, while the filth which is insep-

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arable from decaying, putrescent and abscessed teeth, is mixed with the food and carried to the stomach.

No one who gives any thought to the matter will question what must be the ultimate effect upon the health of the child. Gastro-intestinal disorders, anemia, toxemia, and malnutrition are some of the more obvious results, lowering the vital potential of the child and making it a ready victim of other and more serious diseases.

To fully understand the menace to the child of the decay of its teeth, one must understand a few of the conditions which obtain in the mouth during childhood. Each tooth in the mouth contains a small chamber the same shape as the crown and roots, which contains the pulp of the tooth, consisting of a small bundle of arteries, veins and nerves which enter by an exceedingly small opening in the apex of the root.

The manner in which the teeth of the deciduous set are replaced is as follows: Situated in the jaw above each deciduous tooth is a developing tooth of the permanent set. As it develops and grows, the root of the deciduous tooth, beginning near the apex, is gradually destroyed ahead of the oncoming new tooth until, when the deciduous tooth is shed, its roots have largely disappeared and the new permanent tooth is just peeping through the gum.

When a deciduous tooth is decayed as deeply as the pulp chamber, while the root is partially destroyed ahead of the oncoming new tooth, the pulp dies and becomes putrescent, as any other dead animal matter. In addition, there is now a direct opening through the cavity, the pulp chamber, and open end of the root into the underlying tissues of the jaw.

The mouth is a hotbed of micro-organic life. Over twenty different varieties of disease germs have been found therein, including those of tuberculosis, diphtheria, pneumonia, etc. While the healthy mucous membrane has great powers of resistance a child with decayed teeth has a number of openings through the teeth into the tissues of the jaws, open avenues of infection.

The large number of enlarged glands in children is largely due to infection through these diseased teeth. Many of these glands are tuberculous. This mode of entrance of the tubercle bacillus has been proven conclusively by numerous investigators.

In addition to this menace, should an abscess or "gumboil" form, as does in so many cases, it causes the natural destruction of the roots of the deciduous tooth to stop, and the oncoming permanent tooth is forced out of line, in many cases turning the deciduous tooth over on its side, so that its now exposed roots lacerate the cheek or tongue and also create a pocket for the retention of fermenting food, pus and debris. Deciduous teeth will remain in this position in cases of this kind for a surprising length of time. Some of the most nauseating mouths

that have come to my notice have been those where, owing to the formation of abscesses on the deciduous teeth, the absorption of the roots has stopped, and each jaw presented a jumble of newly erupted teeth, and jagged, suppurating remains of the deciduous teeth, a mass of corruption, decay and disease, constituting a grave menace to the health of the child and its companions.

A child of about two years of age has the full complement of deciduous teeth, twenty in all. At six years of age the first teeth of the permanent set arrive, one each side, above and below, just back of the deciduous teeth. These teeth, sometimes called the "six-year molars," arrive before any of the deciduous teeth should be shed, as an aid in mastication while the deciduous teeth are being gradually replaced. In addition to this important function, the upper six-year molars, when the jaws are closed, occlude, or lock, with the lower six-year molars in such a definite way that the jaws are held in their proper relation, one to the other, during the shedding period, when the child is from time to time partially deprived of teeth. These two functions make the six-year molars the most important teeth in the mouth, and yet, because they erupt at an early age and without pain, ninety-nine parents out of a hundred fail to recognize them, and they suffer the same neglect as the deciduous teeth. It is pitiful to see the vast number of these teeth that are lost, depriving the child of its power of mastication and causing what in most cases proves to be an irreparable injury to the child's features.

At no time in the life of the individual is nutrition of such paramount importance as during childhood. That thousands of children go from five to ten years with their powers of mastication seriously impaired, in some cases almost entirely destroyed, and the mouth all this time a mass of infection and disease, constitutes one of the most serious problems confronting medical inspection.

The effect of these conditions on the spread of disease has yet to receive the attention it deserves. With reference to the group of infectious diseases known as "Children's Diseases," it is a remarkable fact that in practically every case the seat of infection is in or near the mouth, throat or nose. In measles, for instance, the first symptom is "Koplik's Sign," small red spots with bluish-white point appearing in the mouth, while it is reported that recently it has been discovered that the last place from which infection may be obtained is the mouth. These diseases occur as a rule while the deciduous teeth are in place, or are being replaced by the permanent teeth, a time at which, owing to the prevalent neglect, the mouth becomes a hotbed of disease organisms. That this is a mere coincidence it is hard to believe, and I am convinced that there is a definite relationship between the prevalence of these diseases and the neglected and diseased condition of children's mouths.

Recently some health authorities, notably Dr. W. A. Evans, of Chicago, and Dr. Otis Nesbit, president of the city Board of Health of Valparaiso, Indiana, have gone on record as to their conviction of this relationship, from epidemics with which they were called upon to cope.

The mouth is the great gateway to the body. Through it passes all the nutriment the body contains and a great deal of the air. In addition, there is, or should be, there performed a very important part of digestion. Cavities and root canals of decayed teeth form natural incubators for the development of disease organisms. An unclean and diseased mouth is not only a sure and certain source of ill-health and disease to the individual, but many children are walking sources of infection to those about them, carrying in their mouths a mass of disease germs which undoubtedly form a most potent factor in the spread of disease. After an attack of one of the acute infectious diseases a child with a diseased mouth may carry the germs of this disease in the mouth after it is deemed free from infection. It would be a move in the right direction if children recovering from the infectious diseases were required to have the mouth in cleanly condition before entering school.

The limit placed upon the length of this paper makes impossible any extended reference to other diseases and the relationship to mouth conditions. Adenoids and enlarged tonsils are undoubtedly due in some cases to infection of these organs from a diseased mouth. Statistics are available showing a definite relationship between these conditions.

In dental practice we not infrequently have to deal with impacted teeth. Sometimes a third molar or "wisdom tooth," for instance, is turned on its side, and in its growth in this abnormal position, instead of erupting, presses against the root of the next tooth in the arch, producing severe pains, which are often baffling to both patient and operator till a radiograph shows the offending and misplaced tooth.

The growth of the paw depends upon the preservation and use of the deciduous teeth. When they are prematurely lost, interfering with the normal growth of the jaw, the larger permanent teeth in crowding into place bring about a condition somewhat similar to that just outlined, producing in some cases effects of a most serious character.

"The physiological activities going on in both jaws in connection with the exchange of the deciduous for the permanent dentures are in themselves sources of nervous stress; and when interferences occur which delay or obstruct the process an amount of peripheral irritation is set up which is the fruitful cause of many and serious reflex disturbances. Chorea, epilepsy, insanity, mental backwardness, all have their often unsuspected origin in impactions and malpositions of the teeth at the period under consideration. The results obtained at the psychological clinic of the University of Pennsylvania, the studies of Dr. H. L. Up-

son, of Cleveland, and the work of many other observers, leave no room for doubt as to the dental origin of many cases of the difficulties named and compel a recognition of the importance of appropriate dental treatment for removal of the source of the trouble."

One of the most serious results of the common neglect of children's teeth is the effect upon the features of the child. A knowledge of certin facts in connection with the anatomy of the jaws and teeth is essential to an understanding of this phase of the subject. The teeth are never attached to the jawbone proper, but are imbedded in a "bone of attachment" known as the "Alveolar Process." This bone of attachment is formed solely for the attachment of the teeth to the jaw, is moulded about the roots as the teeth assume their positions in the arch and disappears gradually after the teeth are lost, which accounts for the great absorption that takes place after the teeth have all been lost. Contrary to the commen belief then, the bone which is moulded about the roots of the teeth develops in whatever situation the teeth happen to erupt. Consequently the shape of the lower two-thirds of the face depends very largely upon the position of the teeth.

Mouth-breathing produces very definite results upon the features. The drawing down of the cheeks as the mouth hangs open produces excessive inward pressure on the side teeth, narrowing the arch. The natural inward pressure of the closed lips being removed, the front teeth project. It is this abnormal position of the teeth which produces the typical adenoid face.

As was mentioned previously, the four six-year molars are the first teeth of the permanent set to arrive, erupting at six years of age before any of the deciduous set should be lost. After they have fully erupted, the twenty deciduous teeth in front of them are gradually replaced by twenty much larger, permanent teeth. That twenty large teeth may thus replace twenty small teeth there must be a marked growth of the child's jaws. This growth is gradually taking place from the time the deciduous teeth are all in place till they are replaced, and depends upon the retention and use of the teeth of the deciduous set. At four or five years, when the deciduous teeth have been retained, spaces will be noticed between the little teeth, evidence that provision is being made for the eruption of their larger successors.

If the deciduous teeth are prematurely lost this normal growth of the jaw is interfered with and the large permanent teeth find a baby jaw with all the crowding and distortion resulting. In addition, the six-year molars are not held back in their proper positions in the jaws and drift forward, reducing the space for the other permanent teeth erupting in front of them and adding to the crowded condition. As the cuspid or "eye tooth," as it is commonly called, is the last tooth to erupt, of those of the six-year molars, it is most frequently crowded out.

Anyone who has paid any attention to children's teeth will recall how frequently this tooth is crowded out of line.

The six-year molars, as mentioned previously, have the important function of holding the relation of the jaws while the deciduous teeth are being replaced. These six-year molars are not recognized as permanent teeth and are lost in a very large percentage of cases. Their loss produces a shortening of the lower two-thirds of the face, a pouting of the lips and a projection of the upper front teeth that are characteristic.

Thousands of children have their features marred for life owing to some one or more of these causes. The receding chin and apparent weakness of character expressed in many faces are due to wholly preventible causes. If parents recognized these facts the features of many a child might be preserved in their beauty where now they are distorted out of all resemblance to what they might have been.

The question will probably be asked, "What can be done to remedy present conditions?" As a public health problem the situation is without a parallel, owing to the numbers affected by caries and the great length of time necessary to treat many of the mouths that are met with. In addition, there is the fact that in this country, while every other disease is provided for by health authorities, both in the matter of preventive measures and in the matter of hospital treatment, no provision is made for the treatment of the diseased mouth of a child, whose parents are unable to pay a professional fee. Toronto is about to establish a dental hospital for children, and is the first municipality in Canada to recognize this need.

The conditions which bring about the lamentable consequences referred to are preventible. The cause of the present neglected and diseased condition of children's mouths is a lack of common knowledge of the facts outlined in this paper. Decay of the teeth can be largely avoided by proper care in the diet and regular cleansing of the teeth and mouth.

It is the aim of medical inspection to meet this problem as other health problems are met; by urging upon the notice of parents and others such facts as have been outlined in this paper; by obtaining as far as possible regular care of the mouth on the part of school children, with compulsory cleanliness as the ultimate and logical goal; and by facilities for the treatment of such children as are unable to pay a fee.

There is no cause quite as worthy as the relieving of the ills of childhood. Medical inspection of schools is the greatest boon that has ever come to the child of our race. As one of the several steps being taken in the interests of health and efficiency in school children, mouth hygiene promises results that will be among the most lasting benefits that can be bestowed upon the child.

THE DEPARTMENT OF NURSING AND HEALTH AT TEACHERS' COLLEGE, COLUMBIA UNIVERSITY.*

By M. Adelaide Nutting.

The Department of Nursing and Health at Teachers' College, Columbia University, in the city of New York, shows the first attempt in history to provide higher instruction for nurses, beyond that offered by the ordinary hospital training school. For this reason, and because of the importance of the principles on which it is founded, a brief presentation of its history, purposes and achievement has been accorded a place on the programme of this International Congress, as worthy the interest and attention of a body devoted and pledged to a consideration of educational problems in nursing and to the advancement of nursing education.

It was part of the statesmanlike quality of Isabel Hampton Robb's mind that she did not think in terms of the individual but of the general. In looking at the nurse she saw always an army of nurses reaching far back into the past, stretching forward into the future, spreading and growing and presenting for the world's use either a strong, trained and united body of workers, or a weak, undisciplined, straggling and unserviceable body. In the training school her glance swept out beyond the special school which she at the moment might represent, and which might by special gifts and opportunities rise high above others, and took in the entire nursing system of the country. She saw hospitals and training schools multiplying in response to many kinds of calls and impulses, charitable and humane or purely mercenary, and she was constantly impressed with the great difficulty of maintaining good standards, or indeed any standard in training schools, under so many and such diverse forms of government and such fundamentally different conditions of life and work, and her question was how can we establish definite and satisfactory standards of work which shall be attainable by all schools. I think her attitude on this subject is nowhere more clearly shown than in a few words she once used in discussing this subject. "Surely," she said, "we should agree that where the sick are concerned there should be no 'best schools.'" To see all schools on a good, substantial, uniform level of work and effort, rather than a few far in the lead, and others struggling helplessly against disabilities—this was her ideal, and to this end she more and more directed her energies, fully as she recognized the part that legislation and state registration must ultimately play in bringing about a more uniform and stable system of nurse's education. She appears to have become strongly impressed with the idea that a very considerable degree of uniformity in their education could be brought about through the

*Read at the Congress of Nursing in Cologne, held under the auspices of the International Council of Nurses, August 1912.

superintendents of training schools. This thought she finally embodied in a paper, of which the substance was about as follows: If we could only bring together into one institution the future superintendents of training schools, give them there some special courses of instruction in preparation for their work, inspire them with the same standards and ideals, provide them with common methods of teaching, we might through these superintendents and teachers bring about a considerable degree of uniformity. And plans for some such course of instruction were roughly sketched.

The Society of Superintendents before which this paper was read, was committed to the policy of "establishing and maintaining a universal standard of training in schools for nurses." Every important educational advance had been presented at its meetings, advocated and discussed there, and supported in its publications and reports. It cordially endorsed and pledged material aid to the development of Mrs. Robb's plan, and in this instance, as well as in others, it furnished a useful demonstration of the enormous value of such an organization in initiating and supporting measures of educational and professional advance.

In looking about for a suitable place in which to try out this new idea, a college for the training of teachers which had recently become affiliated with Columbia University, New York, was selected. It appeared to offer some of the desired opportunities and to be perhaps liberal enough in policy to co-operate with the society in breaking this entirely new ground. The interest of Dr. James Russell, the Dean, was evident from the outset; his advice and support were invaluable, and eventually arrangements were made to admit nurses as students who were graduates of high schools, also of training schools for nurses approved by the society, and who gave satisfactory evidences of experience and personal fitness. Certain courses were selected from those already offered in the college, and special courses were added on matters relating to hospital and training school work, which were grouped together and called Courses in Hospital Economics. The time occupied was one year, which, successfully completed, led to a certificate.

In the autumn of 1899 the course opened with two students. Five came the next year, fifteen the year following. Miss Anna L. Alline, a first year student, was appointed in the second year to take routine charge of the students, and remained in that office until 1906, resigning to become Inspector of Training Schools in New York State. The course owed much, perhaps its very existence in those early days, to her faithful devotion. The expense of this officer was met by the society and not by the college, and the special lectures in hospital and training school matters were contributed without payment for several years by members of the society, often at considerable effort and expense to themselves.

But it early became very clear that we needed a good deal more

than the college could give us. Our students were asking for instruction we could not secure for them. We needed special lecturers and teachers in subjects which were not included in the work of the college. In fact, to enable us to handle satisfactorily our own problems, we needed an organized department of our own, with our special faculty, force and equipment. On our staff of voluntary lecturers and familiar with our needs was the head of an important nursing settlement, a most distinguished nurse, Lillian Wald. She generously drew to our problems the attention and interest of a wealthy philanthropic woman, Mrs. Helen Hartley Jenkins, with the result that in December, 1909, a substantial endowment was provided in order that we might carry on our work with greater efficiency and enlarge and develop in certain important directions.

A regular department of the college was thereupon established, called Nursing and Health, and organized to embrace new activities. Where for years we had but part of the time of one nurse supervisor, we now have a staff consisting of a head or director of the department, who holds the university appointment of professor of nursing and health, two regular assistants on full salaries and full time, in charge of special divisions of work, one responsible for the supervision of the group preparing to be teachers, the other of those preparing for public health work. There are eight other lecturers and teachers attached to the department. It has been thought best to put our resources almost wholly into supplying lecturers and teachers, with the result that we are now somewhat cramped on the administrative side and need more clerical aid.

Within the last two years the number of students entering has more than doubled, and the outlook for the future in that direction is promising. Our aim, however, is not to attract a great number of students, but to give special and advanced opportunities to those who have demonstrated their ability to profit by them, and who are likely to be drawn into the more important and responsible posts in training schools and public health work. Up to the date of writing 114 students altogether have received diplomas or certificates from the college. Five nurses have gone further, and obtained the degree of Bachelor of Science. Two are working for the degree of Master of Arts. Not included here are several non-matriculated students who have attended special courses or classes.

That there is a large demand for our students cannot be said to mean very much as yet, since there has been for years a demand all over the country for just such workers as we are trying to supply; training school superintendents and teachers, visiting nurses, school nurses, etc. But many, many more requests come than we can meet, an average of from 100 to 125 a year. At the moment of writing almost all our students of the present year are already appointed to positions.

The general plan of work in the departments embraces two main lines. First, that dealing with matters of teaching and administration in training schools and hospitals, and second, that dealing similarly with public health nursing. Both of these are subdivided to enable students to concentrate effort upon some special branch of work. A group of students may, for instance, wish to prepare themselves thoroughly to become teachers in training schools, and in that case their work will be arranged about as follows: They will first be carefully grounded in the subjects they expect to teach, or require to use as a basis for their practical teaching, such as anatomy, physiology, bacteriology, hygiene, and perhaps chemistry, thus securing a thorough mastery of subject matter. They have a solid course in psychology to give them some insight into the workings of the human mind and the laws of thought, which will later have the most practical bearing upon their relation to their students, helping them to arouse proper interest, to secure co-operation, to provide the right influences. Later will come instruction in the principles and methods of teaching, in which the students become familiar with the basic principles on which good teaching rests, and the technicalities of class room procedure. Abundant opportunities exist of observing these methods excellently applied in the class room by the highly trained expert staff of teachers of the college.

Finally each student must herself prepare plans of lessons, and must teach a series of classes on selected subjects. These plans are submitted to a teacher who first goes carefully over them with the student, and later is present to watch them carried out in the class room. Following this the teacher fully and frankly criticizes every defect in presentation of the subject and weakness in handling the class. It is interesting to watch the effect of this practice teaching upon our students and to note the way in which confidence and ease replace timidity and weakness, and teaching instead of a distasteful task becomes an enjoyable one.

It is of such paramount importance that the instruction of all kinds in our training schools be thoroughly and ably carried on, that we are inclined to look upon this branch of our work as perhaps the most vital and far-reaching, and one to be strengthened and developed in every possible way. Believing that there is no more direct and potent agency than the teacher in shaping the standards and ideals in work of the young nurse, we feel that every training school worthy the name should have its expert teaching staff, trained for this special work. Without a sound system of teaching in both principles and practice of nursing there can be no genuine progress, there must, indeed, be retrogression.

Important, however, as is the teacher in the general scheme of training school work, it is to the superintendents and principals that we must look for wise and adequate direction of the whole system of nursing education, as well as for capable management of the hospital

nursing departments. Upon their shoulders rest responsibilities of a truly extraordinary nature, full of perplexing, confusing, even conflicting elements. In these women must be combined qualities and capabilities, education and training which will enable them to handle competently important administrative problems on the one hand, and equally important educational problems on the other. If we could imagine the offices of dean of a medical school and superintendent of a hospital held by one person we should form an approximately correct estimate of the situation. The position is one of high public importance, since the product of the training schools enters deeply and vitally and at many points into the life of the community. The preparation of a woman for such responsibilities goes far beyond that which the hospital or training school alone can provide, and no more fundamental error can be made than to assume that practical skill and an ability to manage can be stretched to cover the gaps which should be filled by qualities and training of a widely different nature, by exceptionally sound general education, by wide sympathies, by a liberal and progressive attitude toward life and work.

It is, therefore, of the very greatest significance for the progress of nursing that a door has been opened which provides further opportunities to those interested in or engaged in training school work, and anxious to improve in it. For these students courses are given in which the history of nursing is followed by a course in contemporary problems in nursing. Here the questions of nursing in various types of institutions, of nursing organizations, of legislation and state registration are considered. A course in training school administration takes up details of management and planning of curricula, and grouped around this are courses in psychology, sociology, economics, and in the history and principles of education. Any student who wishes to get a more thorough knowledge of the sciences is encouraged to do so, and there is as much latitude as possible in choice of such studies as languages, literature and general history.

While the college is primarily for the training of teachers, it has grouped around it several schools, and one of them, the School of Practical Arts, is of special interest to hospital and training school workers, owing to its splendidly equipped biological and chemical laboratories. On one floor household chemistry, physiological chemistry, nutrition and dietetics are taught in relation to health and disease. Very special attention is given to the practical problems of institutions in several departments. A course, for instance, in institutional dietaries, may be supplemented by a course in institutional cookery, in which a complete hotel equipment is used. A working knowledge of institutional laundries may be obtained by a course in a laboratory equipped with a complete small model power laundry. The entire practical problem, in fact,

of food supply from market to table, of the laundry in its equipment, management and methods of work, may here be carefully studied under expert guidance.

These courses are taken equally by those preparing for hospital or training school management since both include a highly organized system of expert housekeeping on a large scale, and all good nursing calls for the continuous use of housekeeping arts of the finest and most exquisite character.

Both groups of students take up the matter of hospital buildings, studying their general plan and arrangement as relating to good administration, to convenience and efficiency in work and economy of labor, and typical hospital and training school buildings are visited and studied under the guidance of the architect, there is not, in fact, any important aspect of work which has not some place in our present courses of study or in our plans for the early future.

The latest branch of work to be opened up is that which admits a whole new group of workers, nurses interested in public health and intending to do some form of district or visiting nursing, hospital social service, infant welfare work, or public school nursing. It has been urged by friendly critics for some years that the nurse with only hospital training is unable to cope with the new situations presented in these fields; that work in the families of the sick poor offers problems not purely medical or sanitary in nature, but frequently, and indeed usually, with more or less complicated social bearings. The ability to present instruction to patients and families in a way which will be understood and accepted by them is required in the modern public health nurse.

In co-operation with the School of Philanthopy and with the Henry Street Settlement, a year's work has been arranged, taking up the following subjects: social economy, medical sociology, psychology, municipal sanitation, industrial hygiene, housing, food economics. Substantial courses dealing with the principles and other special forms of work are given by experts in these fields of activity, and the courses are enriched by lecturers of note in several of them. A new course this coming year will open up the study of statistics and their bearing upon health and legislation.

In a special district in the vicinity of the college a branch of the Henry Street Settlement has been organized to serve as an observation and practice district for our students. Nine district agencies of a social and philanthropic nature, including hospitals, dispensaries and municipal departments are here co-operating, to work beneficially for the health and welfare of this small model district.

From the beginning of our work we have received marked courtesy and hospitality from the hospitals and training schools of New York. Their co-operation has been continuous, their help invaluable. An in-

stance of this is shown in the three working and teaching scholarships established at St. Luke's and at Bellevue Hospitals by means of which senior students in the college reside in the hospitals and give assistance in teaching in return for that privilege.

The results of our work—how can we yet attempt to measure them? The usual number of failures and disappointments will undoubtedly be found in our lists, and perhaps we may even be too sanguine in thinking we see a fresh new life and spirit arising in some of those schools and other places in which our former students are now at work. Perhaps our most tangible assets so far may be that our students may have conceived a new respect for nursing, a new appreciation of its value in the general scheme of life, an awakening to the weaknesses and defects of our present structure, an acceptance of the principles upon which future developments should be based. It is good for our students to have lived even one year in the college, to have mingled with students of many kinds preparing for many fields of work, and to have watched the careful preparation of teachers which is its distinguishing feature. And I think that we may presently see a group of women emerging animated by quite similar ideals and standards, and establishing similar methods of work, and that Isabel Robb's belief in the value of these college courses in helping toward uniformity and solidarity in our work will be largely justified.

Against the confusions and contradictions into which nursing has been thrown by the various institutions and individuals controlling or utilizing the educational system, one fact stands out sharply—there is an imperative, increasing demand in every branch of nursing for better educated and more liberally trained women. If we cannot under the present system find strength to pull ourselves up to a higher plane of mental power and effort and cease to look upon nursing as a purely practical work, requiring hard apprenticeship, heroic devotion, and little or no foundation in science or principles, then our present system must pass and a worthier and freer one must replace it. And while it is true that nursing must stand or fall by the strength of the average nurse, yet it is equally true that into the hands of the teachers and superintendents of our training schools is largely committed the making of that nurse—the destiny, in fact, of the entire nursing bodies upon which our countries are coming to lean so heavily.

For our encouragement in our difficult upward path stands the picture of Isabel Robb, bringing our problems to the university—asking merely for an opportunity—empty-handed—but with an idea and a vision—and also with faith in nurses that they would make their own place and shape their own course, and that training schools would discover their own extreme need.

OPEN AIR SCHOOLS AND THE GREAT WHITE PLAGUE.

Two Hundred Thousand Dollars for Cure—How Much for Prevention?

By W. E. Struthers, B.A., M.D., Toronto; M.R.C.S. (Eng.); L.R.C.P. (Lon.); Chief Medical Inspector, Toronto.

"What do you think of the new cure for consumption?" I was asked. I do not know anything about it; the secret of the "Cure" has not been revealed to a waiting world, but I do know that the truths revealed and the lessons taught by the fight against the Great White Plague will still remain applicable to our daily lives. The great and never failing "Cure" is Prevention, more open air life for the child and the adult. The only sensible, adequate, and logical way to fight tuberculosis is to fight it in the child—to protect the child from contracting the disease. It is now generally admitted that a large percentage of the cases of active tuberculosis in the adult is but the outburst of disease that has been quiescent or latent in the child for a number of years. That is to say, the real beginning of the disease was in the tender years of the child, when life conditions, home conditions, and school conditions made it possible for the child to become a prey. Dr. Phillips, of Edinburgh, says: "Evidence is accumulating that it is especially during childhood and school life that the tuberculosis seed finds a nidus"—that the tuberculosis germ finds fertile soil in which to live, where it becomes implanted and thrives, resulting in an early death, or, more frequently the germ is able to maintain its life only; it lies quiescent, inactive, and the disease makes but little, very probably imperceptible, progress for years. In early adolescent life, the sixteenth, seventeenth or eighteenth year of life, this disease germ so persistent and tenacious in its hold of its victim, finds conditions more favorable for its growth, activity, and extension; the disease makes rapid progress, and in three or four years or less time, despite every care and effort, despite the greatest skill of physician and nurse, despite the modern aids of the best equipped sanitoria in the world, another bright young life on the very threshold of manhood or womanhood is extinguished, because the child is not given a chance, and all our money and effort to educate and to train this child for life have been wasted.

For ten months in the year we shut children up in our schools for five hours a day in crowded rooms of forty and fifty or more, where it is impossible to get ideal, or even favorable conditions of ventilation, heating, and light. These children live and sleep in home conditions in many cases much worse than the school environments. What is going to give the best solution of this problem? The open air school seems to get the closest to nature's way—school in the open forest. Where were these first opened? Oh, in Germany, of course. Germany is constantly

giving us the first logical and scientific solution of such great social problems. The first municipal forest school opened in the world was established in the German Grunewald near Charlottenburg in 1904. This was the beginning of the greatest, most logical and the most efficient crusade against tuberculosis the world has yet seen.

To this school were sent the physically undeveloped, poorly nourished, underfed, anaemic, pre-tuberculous children; the children who will fill the class of the shiftless and thriftless, fill the reformatories, the hospitals, the consumptive sanitoria, the shelters, and the asylums, who will make the loafers and criminals of adult life, who never had the asset of a healthy, vigorous, clean body, or knew the inspiration of a beneficient nature life. These children are taught how to live. Health first, education second; vitality, resistance to disease, and the buoyancy of bodily vigor and mental alertness first, and study will be easy, natural and desirable to the child.

Any humanitarian scheme for the prevention of tuberculosis must necessarily be conspicuously inadequate and incomplete if it does not begin with the life conditions of the child in the home and in the school, the school life being just as important as the home life. The open air school is one of the great handmaidens of preventive medicine. It produces bodily vigor and increased mentality; reclaims from uncleanliness, disease and immorality; reduces incorrigibility and criminality; produces pure manhood and womanhood, efficiency and self respect; the child learns the invigoration of health, learns to abhor stuffy rooms in the home as well as in the school; feels the stimulus of the open air and sunshine, the bath and personal hygiene; feels the joy of health, the inspiration and buoyancy of mental and bodily vigor.

Communities and municipalities have spent large sums of money in the establishment of a consumptive sanitoria. This is a great humanitarian and laudable work. But is this the strategic vantage point in the fight against tuberculosis? To soothe death-bed afflictions, to tenderly care for the disease-stricken, is praiseworthy benevolence, and is to-day demanded of all civilized states, but there is a higher and greater call, each day becoming louder and more persistent, that the state of to-day will so house, feed, clothe and school its children that they shall become healthy, vigorous, well-trained men and women, capable of efficiently filling their positions in life—the strength, protection and wealth of the nation. Thus the municipality has fulfilled its high duty, and the state has returned to it in efficient service the cost of the rearing.

Many countries were quick to follow Germany's lead in the establishment of municipal open air schools. Other municipalities of Germany followed suit. Mulheusen and Minchen, Gladrach in 1906, Elberfeld in 1907, Wesloe and Dortmund 1908, Munchen 1908, Ziegenhole and Zealendorf-Klein 1910. The first opened in England was at Bostall,

near Woolwich, in 1907, where for three months the experiment was tried out with one hundred children from the boroughs of Woolwich and Greenwich, London, E. In 1908 three others were opened, at Forest Hill, London, S.E.; Kentish Town, London, N., and Shooter's Hill, London, S.E. These were opened for six months with an attendance of about seventy-five children each. The greatest handicap to these London open air schools is the lack of sufficient grounds. Birley House Open Air School at Forest Hill has only about one acre; Montpelier House, at Kentish Town, about two and one-half acres, and Shrewsbury House, now Shooter's Hill, about six acres of meadow and woodland. Each of these schools has a headmaster with three to four assistants, a trained nurse, a cook and helpers, and a caretaker. The school day is from nine a.m. to six p.m., and now the school session extends through the whole year. The classes of these schools are of necessity ungraded, and the children in attendance, of course, change every term. It has been found that the best results from the health standpoint cannot be obtained in three months, so it was thought desirable to insist on an attendance of at least six months for most, and even a year for some. In the year, therefore, a school handles twice as many pupils as it has facilities for handling at one time. Here the time for study, play, work, and sleep are regulated to the child's physical conditions. Three wholesome meals are supplied with milk at the mid-forenoon and mid-afternoon. Every child is bathed at least once or twice a week. Some schools have the shower baths, but in others there is still the old fashioned tub bath as at Birley House.

Here, in the outdoor life of the child, instruction is given somewhat different than in the ordinary school, but the regular school work is taken up; reading, writing, history, geography, arithmetic, nature study, manual training, breathing and other physical exercises; vegetable and flower garden work, grain growing, tilling and manuring the soil, use of tools, fencing, carpentering, work of forest and mines, problems of transportation, trade and commerce, supply and demand, etc., are studied. Since the opening of these London open air schools, similar ones have been established at Bradford, Halifax, Liverpool, Manchester, Birmingham, Sheffield and other places. Bradford spent a large sum of money on its open air school—Thackley Open Air School—established in 1908. Bradford is a city of about 300,000 inhabitants, 98 primary and secondary schools, a school population of 46,000, and a teaching staff of 1,522 teachers. The city school architect was sent to Charlottenburg to see the open air school system in vogue there. He came back filled with many ideas of improvement on the Charlottenburg type of shelter and administrative buildings. His "improvements" were so extensive that the open air idea in the school buildings was "improved" clean off the map, so the Thackley Open Air School is altogether too much like the

regulation type of the ordinary public school. But, if I remember rightly, Bradford spent $60,000 for the buildings alone. There is, of course, a well equipped kitchen, good lavatory accommodation, up-to-date sanitary conveniences, and splendid shower baths with white tile floors and walls, and hot and cold water. In 1911 over 400 children attended this school, the average length of attendance of each child being about six months.

As I previously stated, teaching methods are modified to suit the outdoor life. Here is one part of the scheme of work as carried out in the Birley House Open Air School:—

NATURE STUDY CONNECTED WITH GARDENING.

Work.	Lesson.
Tilling and manuring	Study of soils.
Reason, method and results...	Analysis of garden soils. Burning, washing and filtration.
Use of tools, Kinds, and methods	Effect of tillage, and earth worms' work.
Bed making	Planting to scale.
Seed sowing.....	Conditions of germination.
Depth, size of plant, and temperature.....	Growth, roots and stem. Effect of light, heat, and moisture.
Watering, liming, scarecrows, &c.	Friends and foes, birds, snails, bugs, and caterpillars.
Gathering flowers.....	Polination. Parts of a flower. Bees and butterflies.
Weeding.....	Common weeds. Insect life.
Gathering crops.....	Seeds, fruits, and vegetables.

The first open air school established in this country was at Providence in 1908. Since, Boston, New York, Chicago, Hartford Washington, Newark, Albany, Cleveland, Rochester, Buffalo, and many other places have started open air schools. The difficulty or uselessness of trying to cram a child's head full of knowledge that had an enfeebled, poorly nourished, or sick body was long ago recognized, but we have been slow to apply the remedy. Even a single physical defect may retard a child's school progress from one-half to one and one-half years. To such physical defects, many of them easily remediable, to physical ailments resulting in physical debility, can be ascribed one or many wasted years of a child's life, besides the possibility of a permanent and irretrievable damage to its physical development, its beauty, and its efficiency. The futile attempt to impart instruction to pupils whose bodies are enfeebled and mental faculties dulled by easily remediable physical defects or ailments is a national burlesque on ordinary common sense.

The results obtained in open air schools show that the fresh air pupils can accomplish in two-thirds of the regular study time as much as normal children ordinarily accomplish when they put in full time under the usual unsatisfactory conditions of heat, light, and ventilation of the ordinary school room. Dr. Britton, of Chicago, tells a pathetic story of selecting children for a new open air school in that city that could accommodate only 25. After very careful examination he had picked out thirty out of the 200 applicants—30 pre-tuberculous, poorly nourished, and anaemic children, whom nothing except constant health supervision and plenty of fresh air and good food could possibly save. To select 25 out of the 30 was like passing sentence of death upon the remaining 5.

Cleveland has now a roof-garden, open air class rooms. This class room is now a regular unit of the public school system. They have obtained such favorable results that those who are watching the open air school work believe that the time is not far distant when every public school in Cleveland will have its roof garden class room. Children whose previous records showed that they were frequently out of school with colds and other ailments, have never had a cold since the beginning of their outdoor school life, and their attendance has been much more regular.

Last summer the Toronto Board of Education was able to spare $1,000 toward open air school work, and the "Star" newspaper gave $700 to supply food. Mr. Eckardt generously gave us the use of Victoria Park, and the Toronto Street Railway free transportation night and morning. So the open air school movement had its birth in Toronto, and fifty children enjoyed health-giving breezes, physical training, and school instruction for three months in that beautiful open park on the banks of Lake Ontario. But we have no more money for open air schools; so little legs must go slower, and become feebler, bright little eyes droop and close in death, because of the lack of the price of health and life.

We have voted $200,000 for sanitoria work—a noble and laudable work. But for one life saved to a more or less precarious existence of marked limited efficiency and usefulness, a hundred, aye, five hundred, bright young lives could be saved to full, vigorous manhood and womanhood, to health and vitality and full efficiency, to be the power and the strength and the wealth of the nation for the same money. $200,000 could buy Victoria Park, with its twenty acres of life-giving breezes, build us the necessary shelter schools and administrative buildings, open dining pavilion, rest pavilion, kitchen, store rooms, dairy house, lavatories, sanitary conveniences, shower baths, caretaker's house, head master's residence and teachers' home, supply us with equipment and facilities to care for 600 children, which would mean 1,200 children

per year. And for lack of this money these same children that might now be so easily saved to health and strength may be doomed by the cruel conditions of life to become inmates of such a sanitorium, to drag out a life of limited usefulness, or die an early death.

Will an intelligent, enlightened Board of Control give the Board of Education $200,000 for open air school work? It is the only logical thing to do. If done now, in a few years it will return to the city five times the amount in the energy, ability, and intelligence of its citizens.

One longs for the power to cry from the house tops unto the people of this city to give their main energies to the saving of the children; give the child the ruddy glow of health, a clear intellect, and a clean mind, physical, intellectual and moral life, and the child will become the strength of a great nation.

WAYSIDE NOTES.

By The Medicine Woman.

"Say, Mrs., are those rooster tails on your hat?"

We were rushing westward over the line of the C.P.R. I had said "au revoir" to school and hospital duties amongst my dusky flock, and was off on a holiday jaunt.

It was my good fortune to fall in with a most amiable and delightful fellow-passenger, the wife of a Presbyterian minister. She was accompanied by her two children, bright little lads of eight and five years.

The older one was somewhat reserved, but possessed a charming, chivalrous manner rarely found in one of such tender years. The bright, sturdy, restless child of five, with fair hair, earnest blue eyes, sweet mouth, and richly tanned skin won my instant attention. I longed for an acquaintance. Suddenly, looking up at my recent, and as I thought too extravagant purchase, there sallied forth the question with which the story opens.

We needed no further introduction. What is more delightful than the unconventional, innocent frankness of children?

Later, Russel Gilmore Blank, nicknamed Gil, came to my seat, sat upon my knee, and revealed his dreams of future greatness. "When I'm a man," said he in a confidential tone, "I'm going to wear glasses (not like my brother Stan's), but glasses with a chain, and I'll put the chain back of my ear." Then, straightening up, made the important announcement, "I'm going to smoke cigarettes, be a preacher, and run a motor car." "Oh, no," said he, in reply to a question, "I don't think I'll preach in Winnipeg; perhaps a thousand miles away."

"Did the Indians make that?" He pointed to a beaded purse.

"Did I ever see an Indian, do you mean a real, live Indian? Bet your life I have." "Perhaps I could go to visit you some time, Mrs., where do you live?" "Oh, I'm sorry that you live far, far away; I can't go, because"—he leaned forward and whispered in my ear—"when I ride a long time on the train I vomit, especially if it's hot.'

Then the subject changed. "Where is that man with the chocolates? I want to spend my ten cents." Just then quiet Stan became interested: "Now, don't spend your money. You promised to help to buy the Shetland pony."

"You see," said Stan, in explanation, "we've been visiting our cousin in Virden, and he wants to sell his Shetland pony for $150, and——"

"I'll save my next money," pleaded the little one—the chocolate man had come and the money was gone. "All right for you, Gil; I'm going to spend my twenty-five cents, and we'll never get the pony. Yes, sir, please give me ten cents worth of peanuts and fifteen cents worth of chocolates."

"Saskatoon!" sung the boy in blue with brass buttons, and my delightful little fellow-passengers were gone—but their bright faces and quaint sayings will linger for many a day.

I wonder if Gil was right; I wonder if those are rooster tails on my hat.

• • •

I had finished my book, "Kilmeny of the Orchard," and must needs interest myself with observations upon fellow-passengers. Who does not find delight in so doing? To me, it is one of the pleasures of travel. We find much to amuse, much to draw out our sympathies, and often invaluable lessons are learned from those with whom we come in contact.

"Yes," said a dear old lady, "I've been east to visit the folks, and now I'm on my way back to the homestead. I've had a delightful time; stayed six months and saw everybody. No, I don't think I'd like to live back in Ontario, I like Saskatchewan better; the breeze of the prairie has got so thoroughly into my system I couldn't live without it. We've seen hard times out here, that is in the early days, but now we have all the necessities and many luxuries."

"I asked questions about everybody I remembered, and had many surprises on my eastern trip. 'Where is that Hutchins boy,' I inquired, 'Tom, I think his name was? 'Oh, Auntie, you must mean Judge Hutchins,' said my young niece. 'I remember,' she smilingly told me, 'that Tom was always interfering in all the boys' quarrels at school, always seemed to think it was up to him to settle all disputes.' I guess the judge streak must have been in him even then."

Our conversation then drifted to the great need of nurses on the

prairies. "Yes," she said, "the prairies are real battlefields. Battles are being constantly fought—battles more desperate and terrible by far than the mimic ones where people stand to be shot at." Then there followed one of the most pathetic stories I have ever listened to. Let me give it to you in her own words.

"Lucy married a homesteader—Joe's farm was next to ours. We buried my only daughter in just one year from the very day she was a bride. She was just nineteen. We put on her wedding gown and placed the baby beside her. Had a nurse been available I think my daughter would be with us to-day.

We lived fifty miles from the nearest doctor, and owing to the great distance, had not counted on being able to secure his services in the time of our need. We studied the doctor's book, like many others do, and hoped everything would be all right. Alas! everything was not all right.

"A post-partum hemorrhage ended the life of this girl-bride and mother."

Imagine the helplessness of the situation in the hour of direst need. The worst blizzard of the season, the thermometer registering 50 degrees below zero, a little log shack away out on the lonely prairie, fifty miles from a physician, and the only mode of travel a sledge drawn by oxen.

* * *

Our great western country is magnificent, there is no mistake about that. I am proud to belong to it; but I cannot blind myself to the fact that there is one blot, which it is hoped may soon be erased. Provision should be made by the government for the conservation of the lives of mothers and babies. It is a subject which is being constantly agitated by one who thoroughly understands western conditions, who fully realizes the importance and urgency of this phase of work—one who has done and is doing much for the women of the west—I have reference to "Lillian Laurie"—and her solution of this great problem is: Aid must come from the government.

When the time comes, as come it will, I feel sure that Canadian nurses will need no second bugle call—laying aside all thoughts of comfort and ease, true to their calling, they will be in readiness to go in and possess the field. Very great is the need and wide is the scope for fully trained, graduate nurses among the women of the prairie. Their call is like unto that of the man of Macedonia, "Come over and help us." Surely they are not calling in vain.

Mark'st thou the strange, sweet radiance in her eye?
She has been near to Heaven's shining portal,
And there, while death and life stood watching by,
Hath plucked with trembling hand a flow'r immortal.

THE PROGRESS OF NURSING IN GERMANY.

The article under the above heading in Miss Dock's department of *The American Journal of Nursing* for January, written, we would conclude, by Miss Dock herself, is so interesting that we reproduce it in full. Nurses who had not the privilege of attending the Congress at Cologne are always helped by learning the impressions of those who were present.

No one who knows her Germany at all well was surprised at the evidences of vigorous initiative and progress on modern nursing lines which were arranged at the Cologne Congress, nor at the many strong, forceful, and able personalities who took part in the German contributions to the programme—matrons, sisters, and organizers. But those visitors who did not know Germany well were amazed by the array of leaders and the earnestness of their followers. It has been generally assumed that German nursing was still in the hands of religious orders, and the strength and ability of the Free Sisters took many by surprise.

In Sister Agnes Karll, the German nurses have a leader of very rare characteristics. Of irresistible energy, far-seeing, impelling, she carries, even sweeps, others with her, and without antagonizing. It interested us greatly to observe the demeanor of men toward her—men of importance and of official position. They bore themselves toward her as if she were a man whom they especially respected—another man; and there is here a subtle and significant shade of manner. And yet Sister Agnes is a most womanly woman, whose goodness to individuals is unending.

A deep impression was made by Sister Helene Meyer, superintendent of nurses at Dortmund, whose personality is vivid, and by Sister Edith Koehler, superintendent of the Moabit Hospital Training School, in Berlin, who is the embodiment of calm strength. Sister Maida Lubben and Sister Martha Oesterlen, Sister Emma Ampt and others especially active in organization work, and the galaxy of those who are taking up social service of all kinds, give the keynote to the new trend in Germany. Excellent papers on all the new lines of work were read. Among them, easily the most dramatic and unusual, was that of Sister Henriette Arendt, the first German policewoman.

Sister Henriette is a truly remarkable woman. This department gave some notice a year or more ago of her investigations into the white slave traffic as regards children, and of the varied forms of almost incredible slavery of little girls from eight years up which she unearthed, beginning during her activity as policewoman and later as investigator for a society of women. She has written a book called "White Child Slaves" which is absolutely heart-rending. In conversation Sister Henriette related many incidents of her work. Her investigations are dan-

gerous in the extreme, and she has personally rescued more than 1,200 little girls from a most horrible fate.

Since the Congress, the German nurses are working harder than ever. In October the National Council of Women met, and gave nursing conditions a large place on their programme. Sister Agnes and other leaders spoke on all points needing improvement, and it is noteworthy that they were joined by a Red Cross matron, Sister Marie von Keudell, who spoke on education and training, agreeing with the demand for three years and advanced standards, and who furthermore thanked Sister Agnes for pointing out deficiencies in the Red Cross training, and declared that her criticisms were those of a friend and were just. The National Council passed strong resolutions covering the needed reforms, emphasized the necessity of organization, and demanded continuous appeals to public authorities for the adjustment of professional grievances. Again we point out that the nursing movement is a part of the woman movement in its entire programme. Yet so great is the blindness of men, that a medical journal of Germany held it to be "bad taste, to say the least, for the Cologne Congress to pass a woman suffrage resolution."

Best of all the news is that the Leipzig Frauen Hochschule, where the nurses are to have a course similar to ours at Teachers' College, is open, and there is a class of five nurses to begin with. Sister Agnes will deliver a series of lectures on nursing history there. She is delighted with the outlook and is travelling throughout Germany in the interest of the new opening and general organization.

BE AN OPTIMIST.

You can't inherit happiness as you do houses, stocks and bonds and bank books. You must make it. Create it. It's the only thing on earth that can be increased by dividing it. You may decrease your sorrows by sharing them with some one, but the moment you share your happiness you increase it.

You may accumulate earthly treasure, pile up your millions and follow out your pet theories and hobbies to your heart's content, but if you are not creating an atmosphere of happiness around you, you are wasting your years. Happiness that comes from a peaceful mind is probably about the only thing that we can take with us when we do quit this world. Anyway, if we can't, it makes the path here a little less rough and the sunshine a little brighter, both for ourselves and others.

You can't forget that there is sin and sorrow in the world, and you can't relieve all the cases of want and distress you hear of, but you can

keep your own small part of the earth the most cheerful of all its little corners.

Don't turn pessimist because there are dark spots in your city, your neighborhood or even your own family. Turn to and help wipe them out. It's your duty as a man, as a woman, to whom much has been given. You can't turn pessimist in the face of things like this. You must remain an optimist.

Don't go about with a long face, sorrowful mien and an appearance of general dejectedness. If you do you will find that very few people will want to remain to talk with you or to associate with you in any way. Every one will want to pass on as quickly as possible. Even a pessimist doesn't enjoy the company of a pessimist. So if you insist in being the personification of despair, expect to be lonely.

Mark Twain once said: "Be good and you'll be lonely." Be a pessimist and you'll certainly be lonely.

On the other hand, the sunshiny optimist is never lonely. People want to stay to talk. They cross the street to gather in a little of the sunshine. The optimist is the type of man or woman who in the face of trouble looks you squarely in the eye and says: "Yes, I know it's bad, but you know it might be a great deal worse," or, "I know it's a stormy day, but I expect the sun to shine to-morrow." But these little bits of advice would be of little value were they not practised by those who utter them. Theory carried into practise is what makes life perfect.

If there were no sorrow and no sickness we never could appreciate happiness; if there were no sickness we could never appreciate health; were there no storms we could never appreciate the sunshine. It is the contrast of conditions that makes the difference. A life of unalloyed happiness would lose its value because there would be nothing with which to contrast it. Make life sunshiny around you. Create happiness for yourself and others. Let some one else look for the clouds.—Katherine Kip, in *Halifax Evening Mail.*

FACE THE SUN.

Don't hunt after trouble, but look for success—
You'll find what you look for—don't look for distress.
If you see but your shadow, remember, I pray,
That the sun is still shining, but you're in the way.
Don't grumble, don't bluster, don't dream, and don't shirk;
Don't think of your worries, but think of your work.
The worries will vanish, the work will be done—
No one sees his shadow who faces the sun.

—Una.

THE SCHOOL NURSE.

London, Ont.—During September, October and November, 1912, the School Nurse made 3,721 inspections, and gave 599 treatments; 14 children had glasses fitted, 15 had tonsils and adenoids removed, and 22 had teeth filled.

The Out-patient Department of Victoria Hospital has been such a help to me in my work. There, the children whose parents are unable to pay receive both medical and surgical treatment. The eye, ear and throat Specialists in charge of the out-patients have given unsparingly of their time in examining and treating children with hypertrophied tonsils and adenoids, and those with defective vision. Those requiring eye-glasses and unable to pay are provided for by the Board of Education.

At the beginning of 1913 we expect to have a Dental Clinic in connection with the Out-patient Department of the Hospital, where the poor children will have free dental treatment.—B. G.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, January 6th, at 3.30 p.m., at the Toronto Graduate Nurses' Club. The Association decided to hold its annual dance on the evening of January 29th, at the Metropolitan Assembly Rooms, College Street, Toronto. The success of previous dances assures every one of a pleasant time this year.

After the conclusion of business, the nurses listened to a most interesting address by Mr. Arnold, secretary of the Associated Charities of Toronto. This address was especially helpful to the Toronto nurses, for the work of the school nurse brings her into intimate touch with the charities of the city. Mr. Arnold was tendered a standing vote of thanks for his helpful, interesting address.

The Medical Inspectors and Nurses are now making their routine inspections of all the children in the Toronto Public Schools, watching carefully for all infectious diseases.

Miss Alice Robertson, one of the first school nurses to be appointed in Toronto, has resigned her position, and is to be married in the near future. The Association offers its very best wishes to Miss Robertson who, along with Miss Rogers and Miss Jamieson, were the pioneers of school inspection.

Miss Rogers, Superintendent of School Nurses, Toronto, spent her Christmas vacation in New York.

Editorial

STATE REGISTRATION OF NURSES.

The following is the text of a resolution dealing with the principle of State Registration for Nurses, which was presented on the official Agenda of the International Council of Nurses, meeting in Cologne, Germany, on August 5th, 1912, and was passed unanimously:

"Whereas the experience of those countries where State Registration for Nurses has been put in force shows that the State Regulation and Control of Nursing Education, by setting a standard of genuine and uniform professional training for the nurse, is wholly in the best interests of the sick and helpless, therefore be it resolved: That this meeting emphatically endorses the movement of State Registration of Nurses; expresses its satisfaction with those Governments that have enacted Registration Acts, and call upon these Governments that have, so far, denied this obviously just demand of nurses and of public bodies to reverse their attitude of inaction and to legislate in protection of the sick against fraudulent and incompetent nursing care."

This important resolution was passed by that great world gathering of nurses after the careful consideration of the evidence presented by all the delegates. There were delegates from countries where State Registration has been in operation for some years, and there were delegates from countries where there is, as yet, no State Registration.

The evidence in favor of State Registration was very convincing.

First, there is the sure protection of the public. Who can estimate the importance of this! Perhaps only those who have placed their confidence in an imposter whose true standing has been learned too late!

To know, beyond question, the status of the nurse who enters the home, whether she be trained or not, is the right of every citizen. State Registration makes this knowledge possible.

Then, too, the physician—for he is sometimes imposed upon—does not have to ask the nurse if she is trained and where she trained, to know her standing. Her badge proclaims that at once. It is true nurses will always differ because personalities differ, but impositions are no longer possible.

And then the value of State Registration to the profession! The nurse is accorded her proper standing. The trained nurse comes into her own. The stigma of blame for errors, not her own, will attach to her no longer. She has the great opportunity of measuring up to the work, the great work that lies to her hand. And she will do it!

This resolution, then, should materially strengthen the hands of those who are working for State Registration. Those in authority in the land cannot ignore the question of State Registration for Nurses, for the testimony in its favor is too strong and too convincing.

THE ALUMNAE ASSOCIATION.

In the twentieth annual report of the Alumnae Association of the Johns Hopkins Hospital Training School for Nurses, published in *The Johns Hopkins Nurses' Alumnae Magazine*, for September, it is interesting to note that of nearly six hundred graduates only some thirty or so have failed to join the Alumnae Association.

Whole classes have become members repeatedly and so often only one, two or three are starred as ignoring the Association.

The aim of the Association evidently is to have every graduate a member, for note this excerpt from the president's address: "Why is not every graduate on our list of membership? Are we, the older members of the Association, to blame? Have we failed to make the meetings attractive? Have we fai'ed to make the benefit of organization felt? Have we failed to impress upon the graduates of the school that "the object of the Association shall be to promote unity and good feeling among the Alumnae and to advance the profession of nursing?"

The question naturally follows, Can all Alumnae Associations show as satisfactory a membership list? Can any Alumnae Association show a membership list that tallies with the graduates of the School? If not, why not?

The Alumnae Association should mean much to every nurse and she should deem it a privilege to belong.

As Miss Tindall said in her presidential address to the Association of Nursing Superintendents of India: "Become members for what you can give to the Association, to the profession, to each other, not for what you will get."

Then, too, the Alumnae Association should not be content to look merely to the benefit of its own members, but should be a source of strength and inspiration to the Provincial Association and to the National Association.

Can this be said of your Alumnae? If not, why not?

ORAL HYGIENE.

The importance of oral hygiene is coming more and more to be recognized. That its importance is not fully realized always is also apparent.

The article on "The Dental Aspect of Medical Inspection of Schools," by Dr. Doherty, which we reproduce from *The Public Health Journal*, strikes no uncertain note as to the value of dental care for the child, or, to put it more strongly, the necessity of dental care for the child.

The conservation of child life is the important work of to-day. If we would succeed in the great work of prevention, we must strike at the root of the evil. If the teeth of the child are kept in good condition, many of the germs that prey upon child life will not gain access to the

little body. Proper care in this direction, then, means happier, healthier, stronger children, and is, therefore, very much worth while.

The education of all who in any way have the care of children as to the need for this proper care will soon bring about a happier state of affairs for the child.

School nurses, private nurses, all nurses have a great opportunity here.

A PLEA FOR THE BABIES.

Edith J. Macrosty, writing in "The Woman's Platform" of *The Standard*, of December 26th, puts forth a strong plea for the medical inspection of babies. While recognizing the good work accomplished by medical inspection of school children, she calls attention to the fact that very many children never live to reach school age. Then, too, "the mischief that originated soon after birth is not easy to cure when it has had a five years' start unimpeded by doctor and nurse."

Medical Officers of Health and others have shown that a considerable portion of infantile sickness and death is quite unnecessary. "Children die because they do not receive proper attention and not because of inherited disease."

"For every poor child taken one is left behind permanently enfeebled. A quarter of the babies die before they are five years old, and another quarter reach the elementary school suffering from some ailment which might have been cured before the child's time began to be valuable. Three-quarters of the inmates in asylums for the blind are blind because of inattention in early life, and the eyes are not the only organs thus affected. Ears, heart, lungs, teeth, and stomach are all organs that need watching during the first five years, and the more care they receive then the less will they need later when the child is or ought to be occupied first with his education and then with his work.

"It seems, therefore, as though a system of inspection which only begins when the child is at school is not enough. We must have earlier superintendence, and though it would almost seem as though the nation were being too much mothered by medical officers of health, they would probably welcome a system of inspection which would enable them either to see every baby born in their district at least once every year, or to receive a medical certificate concerning its health.

"Very many of the medical inspectors of schools remark on the excess of clothing with which the children of the poor are overburdened. One boy had on a jersey apparently quite new, but although the weather was warm he had underneath another jersey which he had apparently outgrown and which was so tight that it rounded his shoulders and impeded his circulation. But for school inspection the cause of his discomfort might never have been discovered. The mothers are under

the impression that warmth round the lungs must be secured at any cost, and they wrap their children up in as many as seven thick layers of clothing. It is exceedingly probable that some, at any rate, of the indifference to strenuous games shown by elementary school children is due to their superfluity of clothing. Faulty clothing is a prominent factor in poor physical development, whereas the children who from poverty or other causes suffer from insufficient clothing have more sturdy frames because their lungs and chests have been left free to expand. In so small a matter as this, therefore, the inspection of children has already had a salutary effect."

"It is obvious that similar good results would follow from a systematic inspection of children below the age of five. It is quite true that the adoption of the Notification of Births Act, making notification compulsory within 36 hours, and the appointment of health visitors, in some districts has had splendid effects in reducing infant mortality, but inspection a month after birth and every succeeding year would aid the health visitors enormously.

"It is not lack of good will on the part of the mother that needs to be combated, but her ignorance, if, indeed, that can be called ignorance which is shared by a considerable number of intelligent people. There is hesitation in bothering a busy doctor when the child seems perfectly well, but the disinclination would disappear once inspection became compulsory."

MRS. McEVOY.

Our readers will remember the appeal made a year ago in behalf of Mrs. Fanny Wilde McEvoy, one of the first nurses to complete the course planned by Florence Nightingale in St. Thomas' Hospital, London, England.

Mr. and Mrs. McEvoy, who are both over eighty years of age, have had a happy, comfortable year, their simple wants having been adequately met by the kindness of nurses everywhere.

This kindness, we are assured, will not be allowed to lapse while Mrs. McEvoy lives, so we would just remind you that donations will be gratefully received on her behalf by Miss Charlotte A. Aikens, 722 Sheridan Ave., Detroit, Mich.

Make your gift doubly precious by sending it at once.

The dinner to Mrs. Bedford Fenwick, on December 14th, at Hotel Cecil, to commemorate her twenty-five years of faithful, strenuous, persevering work for the nursing profession was a great success. It could not have been otherwise.

Representatives of the different nursing organizations of Great Britain and Ireland were among the guests. Then, too, there was Mlle.

Danviray, who was specially delegated by the School of the Assistance Publique of Paris, and who was accompanied by four of the pupil nurses.

Two of New Zealand's State registered nurses were also present. Covers were laid for ninety.

It was a notable gathering to do honor to a notable leader in the nursing profession.

OUR SUBSCRIPTION LIST.

Have you made that New Year's resolution with regard to "The Canadian Nurse" of some effect and sent in the new subscription you were to get? A doubled subscription list for 1913 is what we want. It would help greatly, and it is quite possible. Every nurse owes it to herself and to the profession to support the journal in every possible way. This is one of the ways.

You will have seen by the business manager's report at the annual meeting that the subscription list is far below what it should be. This can only be remedied by each nurse doing her part.

Then let us have the inspiration of your assistance without delay.

President G. W. Mariott, of the Strathcona Hospital, now one of the four hospitals in Edmonton, has received a cheque for $25,000 from Lord Strathcona, as a token of appreciation at the institution being named after him.

Sir J. Sawyer says that in wasting disorders, in various forms of anemia, in adynamic varieties of rheumatism and in the neurasthenic manifestations of neurotic persons he has found the continued ingestion of cane sugar markedly beneficial, increasing weight and power, and appearing to act not merely as a nutrient, but also as a tonic.

The University of Colorado, Denver, has opened a course in Social and Home Service, intended as a preparatory course for nurses. The object of the course is to present nursing as a profession to the college student and to attract better educated women to the training schools. Many of the professors are deeply interested in the success of the course, notably the Dean of Women, Miss Bigelow. Entrance requirements and fees are the same as for students in the regular B.A. course. The subjects taken up are: First semester, anatomy and physiology, sanitary science, bacteriology, materia medica, principles of nursing, chemistry or general psychology, principles of economics; second semester, sanitary science, physiology, principles of nursing, chemistry, problems of sociology or educational psychology, social ethics. Louie Croft Boyd is the instructor in principles of nursing. Certain hospitals have agreed to give credit for work done in this course, thus shortening the time spent in training.—*The American Journal of Nursing.*

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. F. G. Plummer, 6 Spruce Street.
Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

At this season of the year there is not much news to send from the branches of the Guild. The last meeting of the Montreal Branch was held on Tuesday, December 17th, when eight members and three honorary members were present, and we had the pleasure of having with us several visitors, i.e., two English nurses—graduates of Guy's Hospital—and another nurse who is a member of the American Guild of St. Barnabas. The Office was said in the chapel of St. John the Evangelist Church, and the Rev. Mr. Winter gave a short address. The party then adjourned to the parish house, where tea was served and a pleasant hour spent. Great regret is felt by the members of the Branch at the absence of the Superior, Miss Stikeman, who left for England in November, and will be much missed at our meetings. The annual meeting of the Branch will be held on Tuesday, January 21st, when it is hoped as many of our members as possible will be present.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey St., Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The members will confer a favor on the executive if each will send a suggestion for the annual meeting in May. The programme is under consideration, and we are desirous of including the subjects that will be most helpful to all.

The nurses of Peterboro are busy gathering in members and will organize their Chapter at once.

The Hamilton Chapter, which meets the fourth Friday of each month, is enjoying a splendid series of lectures this winter.

The London Chapter has not yet reported their plans.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-president—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The Alumnae Association held its regular meeting on Tuesday, January 7th, Miss Coleman, the president, occupying the chair. There was a fairly large attendance. At the close of the business session refreshments were served. We trust the Association will have some very interesting meetings during the year.

Miss McDermott has returned from Edmonton and is doing private nursing in the city.

Misses Wilkin and Kennedy spent the holidays at the former's home in London.

The friends of Miss Milne will regret to hear she is on the sick list at her home.

McBride-Cluff—On December 4th, 1912, at Clinton, Della Mae, second daughter of D. S. and Mrs. Cluff, to Dr. C. J. McBride, of Welland.

Burnett-Shearer—On Wednesday, December 25th, 1912, at Listowel, Elizabeth, daughter of Mr. and Mrs. John Shearer, to Robert Burnett.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Miss M. Welsh and Miss Colquhoun.
Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.
Secretary—Miss Fortescue, 611 The Lindsay Bldg., St. Catherine St.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.
Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The first meeting of the new year, held on January 14th, found several of the members unable to attend owing to sickness and bereavement. The president and members expressed condolence for Miss Tough, M.G.H., in the sad loss of her mother, and for Miss Smardon, who is ill, and mourning the pas-ing of her father. Wishes for a speedy and complete recovery were sent to Mrs. Burch, and to the secretary, Miss Fortescue.

Miss Vivian Peters and Miss Dunlop are gone to Winnipeg. Miss Thompson goes south at the end of the month.

Dr. Von Eberts gave an interesting and illuminating reading on the life and work of Hermann Von Helmholtz, who is accepted as the greatest authority on the sciences of optics and accoustics. The reading was made specially entertaining by the glimpses of his social and artistic, as well as professional, life.

The President and members warmly thank Dr. Von Eberts for having drawn their attention to this man of many and versatile talents, whose life and works call for a more intimate knowledge.

The retort, "He who fears to fall, should never try to rise at all," of that wonderful woman and sovereign Elizabeth, to Raleigh's timidly written, "I long to climb, but fear to fall," should give fresh incentive to those of us who have failed to grasp the courage and hope, born with the New Year, waiting to be taken and held.

A special meeting of the Executive Council of the Board of Governors of the Victorian Order of Nurses for Canada was held, December 19th, for the purpose of receiving the statement of Miss Pelly lady-in-waiting to H.R.H. the Duchess of Connaught, with reference to the fund which Her Royal Highness has raised for the Victorian Order of Nurses.

The fund, which now amounts to $221,000, was handed over to the Executive Council. It will be invested and the interest used for the purpose of extending all of the Order's activities.

Her Royal Highness's desire is that the money be used for the general expansion of the Order's work, but is especially anxious to have the work in the sparsely settlel parts of Canada developed.

It will be remembered that the supplying of nurses in the outlying parts of the Dominion has always been before the minds of the Board of Governors, and the Cottage Hospital Scheme, developed in 1900, and made possible by the fund collected by Lady Minto, was the first step in solving the nursing problem in the newer and more isolated parts of the country. Then, in 1909, the Lady Grey Country Nursing Scheme was inaugurated, but for lack of sufficient funds, the Board was very much handicapped.

Now, Her Royal Highness, with the energy, interest and enthusiasm which are making the First Lady in the land revered in Canada, has raised the above handsome sum, and the dream we had of a chain of nursing homes, across the continent, is near realization. We hope, before many more years have rolled away, that there will be no one, who is not within rea:onable distance of a fully trained nurse.

Our Country Nursing Scheme will establish nursing homes throughout the length and breadth of the land, and these will be the distributing centres for fully trained nurses, as well as the headquarters of hygienic information.

HOSPITALS AND NURSES.

Miss Grace MacIntosh, Graduate of Victoria Hospital, London, Ont., Class '11, has accepted the position of District Nurse for the Associated Charities, Duluth, Minn.

Miss Norma E. Lamb, recent graduate of the Stratford General Hospital, has taken the position of Assistant in the Sherbrooke Protectant Hospital, Sherbrooke, Que.

Miss Scott, Superintendent of Nurses, Royal Columbian Hospital, New Westminster, B.C., visited a number of hospitals in the east so as to be able to advise the Hospital Board of the best equipment for the new hospital. Miss Scott is a Toronto General Graduate.

Miss Winifred Sare, M.G.H., '09, has returned to Montreal.

Miss Christina Watling, M.G.H., '09, has gone to her home in New Brunswick for a holiday.

Miss Gwen Nichol, M.G.H., '08, has accepted the position as School Nurse at Ashbury College, Ottawa.

Miss Batcheller, M.G.H., '11, who has been at Saranac Lake for several months, has returned to Montreal.

Miss Mary Shaw, M.G.H., '05, has been appointed Lady Superintendent of the Jeffrey Hale Hospital, Quebec.

We are sorry to hear Miss Alice MacIntosh, M.G.H., '05, is ill. She is a patient at the Montreal General Hospital.

Miss A. Rodd, R.V.H., who has been private nursing in Vancouver, is spending the winter in San Francisco.

A very jolly little dance was given in Lester Hall by some of the younger doctors and bachelors of the city for the staff and pupil nurses of the Vancouver General Hospital. Dr. and Mrs. Whitelaw chaperoned the gathering.

Miss Mildred Wilson, Graduate of Toronto Western Hospital, has resumed private nursing in Toronto.

Miss Jean Leach, Graduate of Toronto Western Hospital, Class '08, took a post-graduate course at Mount Sinai Hospital, New York City, and has been nursing in New York for the past two years, will spend the winter in Toronto.

South Vancouver proposes to have a hospital in the near future.

Hon. Henry Esson Young, M.D., Provincial Secretary and Minister of Education, laid, on the afternoon of December 11th, the corner-

stone of the new Royal Columbian Hospital, New Westminster; the third rebuilding necessary since the first Royal Columbian Hospital was declared open fifty years ago.

The new hospital will adjoin the old and will cost $250,000.

Mr. J. J. Johnston, chairman of the Hospital Board, presided.

After the Rev. J. S. Henderson had offered prayer, Mayor Lee went into some details about the institution and its finances. It would be one of the most complete and up-to-date hospitals to be found anywhere. The original plans had to be enlarged and he was afraid that in a short time the accommodation would be more than fully required. There would be 128 beds in the public wards, 18 in the semi-private wards, 24 in the private wards, 12 in the children's ward, 18 in the isolation wards, out of door beds, 2; a total of 202 beds for patients and another 26 for the staff. There will be two operating rooms, the main operating room and a smaller one adjoining it. The building will be of three floors and a basement, and the hospital site covers seven and a half acres.

During the proceedings, it was announced that Knox Church had decided to furnish and equip a private ward, to be known as the Knox ward.

The Hon. Dr. Young was accompanied by Mrs. Young, who received the guests at the tea, which followed in the Nurses' Home.

Miss Bertie Cliff graduated from Victoria Public Hospital, Fredericton, September 20th, and has taken up private work in Fredericton.

Miss Exa Gilbert graduated from Victoria Public Hospital, October 20th, and has gone to her home in Marysville, N.B., where she will do private nursing.

Miss Gertrude McKinnon will go to Boston in the near future to take post-graduate work at the Boston Lying-in Hospital. Miss McKinnon will be much missed in Fredericton, as she has proved to be a very successful private nurse.

Mrs. Mabel D. Richards, Superintendent Victoria Public Hospital, spent her vacation in Montreal and Ottawa, where she visited many of the larger hospitals. Mrs. Richards has just received her certificate and pin from Rhode Island, having passed the State Examination for R. N.

Victoria Public Hospital is to have a new X-ray in the near future, to cost $1,500.

Miss Annie L. Graham, Class '11, has taken the position of Night Superintendent of Pawtucket Memorial Hospital, Pawtucket, R.I.

The regular monthly meeting of the Alumnae Association of Vancouver General Hospital was held on December 3rd. There was a very

fair attendance and the nominations of officers for the ensuing year went briskly forward. The motion of chief interest passed was that proposing that Miss Randall, Superintendent of Nurses, V.G.H., be asked to act as honorary president. Refreshments and conversation closed the last meeting of 1912.

At the Alumnae meeting of the Royal Victoria Hospital, Montreal, for November, a most enjoyable evening was spent, when Rev. Dr. Symonds gave three readings from Dickens, "Dr. Marigold," "Boots" and "Little Dombey." Mr. Merlin Davis gave much pleasure by singing a most generous number of songs. He was accompanied by Mr. Farnham. It is the intention of the Alumnae Association to have the monthly meetings during this winter take the form of entertainment, the readings and lectures being on other subjects than medicine.

Miss Wylie, Class '11 R.V.H., who has been doing private nursing in Montreal, has taken the position of Head Nurse in one of the men's surgical wards in the hospital. Miss Oliver, Class '12, is in charge of one of the private wards.

Miss Byfield, Graduate of the Royal Victoria Hospital, Montreal, who is engaged in private nursing in New York, is at present visiting in Canada. Her old friends in the Alumnae Association are delighted to see her again.

The regular monthly meeting of the Toronto Central Registry Committee was held at the Nurses' Club, 295 Sherbourne Street, Monday, January 6th, at 3 p.m., the Convener, Miss Mitchell, presided. Six members were present. Registrar's report for December, 1912, showed total number of calls to be 326, with 3 for visiting nurse and 2 cases helped by the extension fund. Nine nurses joined the Registry in December. Two applications were considered and accepted. The financial statement showed a total balance of $1,447.29.

The Alumnae Association of Toronto General Hospital had a very successful dance for its members on the evening of January 3rd, at the Club House, 295 Sherbourne Street. The Graduating Class of 1913 were the guests of the Alumnae, also the House Staff of the hospital. Every one voted the evening a most delightful one, and hoped the Alumnae would give another evening before the winter is over.

The monthly meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, on Wednesday, December 4th, 1912. There was a good attendance. Four new members were proposed and accepted. There was a discussion on the advisability of admitting graduates from a certain private hospital in Vancouver to the Registry and Association. A committee was appointed to enquire into the matter, as

to lectures given in training school, length of training, etc. The ruling and applying of funds for the sick benefit society was then discussed, and the committee undertook to have the rules in order by the next meeting. The meeting then adjourned.

The members of the Girls' Auxiliary of the Vancouver General Hospital started recently on their annual sale of Red Cross seals. For several years the girls have taken this method of raising a part of their funds for their hospital work, and have been quite successful. This year they have a very pretty new design on their seal—a nurse within a wreath of holly. Three of the large stores in the city, Birk's, Spencer's and Drysdale's, have permitted the girls to use their stores. Owing to the shortage in general funds for the hospital, the girls have been working very hard to make their contribution as large, if not larger, than before, and they are hoping that their friends will remember the Auxiliary and the hospital at this season of the year.

Miss M. A. Burpee has left for Whitehorse, where she has accepted a position as Matron of the Whitehorse General Hospital.

During the Christmas season the Toronto Graduate Nurses' Club was quiet except for guests who made it their headquarters while doing their Christmas shopping, all going away delighted at having so quiet and central a place to stay.

A reception given to all graduate nurses in the city started the new year, and a large number of guests came to offer their greetings. Miss Mathieson and Miss McKenzie received the guests, Miss Brent, the president, being unavoidably absent. Mrs. Paffard, Mrs. Pellatt and Mrs. Fullerton were in charge of the tea room, which was very "Christmasy" with red and green table decorations and shaded candles. A pupil nurse from each hospital added to the effectiveness by their fresh bright uniforms, and were most attentive in looking after the wants of the many guests. Dr. Bruce Smith, Dr. Chambers, and our dear benefactor, Mr. J. Ross Robertson, were among the visitors.

The twilight musicales still retain their popularity, the number of guests growing on each occasion.

Miss Hersey, of Royal Victoria Hospital, Montreal, was a guest for tea at the Club, and was charmed and interested in it all.

Miss Fisher, Dean of McDonald College, Quebec, was a guest at the Club.

Miss Frazee, Assistant Superintendent of Children's Hospital, Halifax, was also a much interested visitor.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held at the Orthopedic Hospital, Friday afternoon, January 10th. There was a small attendance. Mrs. MacConnell, the president, occupied the chair. A committee was appointed for the nomination of officers for the coming year, and other business matters were attended to, after which half an hour was spent socially.

NEW NURSES' RESIDENCE AND REGISTRY, WINNIPEG.

The new Nurses' Rsidence and Registry, on Wolseley Avenue, Winnipeg, was formally opened in December, when a reception was given by Miss A. Creighton, the Superintendent, and Miss B. Andrews, the Registrar. Many of Winnipeg's most foremost citizens availed themselves of the invitation extended to them by the nurses and thoroughly enjoyed the reception.

The location for the new residence has evidently been selected after considerable thought. Situated as it is within three minutes' trolley car from Portage Avenue, and yet within only two minutes' walk from the Maryland Bridge, which here spans the Assiniboine River, separating the residential district of Winnipeg's wealthiest citizens by only a very few minutes.

The cost of the building, including the site, was in the neighborhood of $40,000. Here are rooms to accommodate sixty nurses, and not only does the residence provide accommodation for all nurses who require it while they wait their turn for cases, but incidentally it provides a great convenience to the public. When the services of the graduate nurse are required, all that is necessary on the part of the doctor or patient is to call up the Institution by 'phone and a nurse is sent.

The residence has all the most modern and up-to-date conviences, and yet is fitted up in a home-like fashion. The rooms are large and airy. On each floor are bath rooms, lavatories and linen rooms, and, having in view the climatic conditions during the summer months, spacious verandahs have been provided at the front of the building on each floor, from which beautiful views of the Assiniboine River and the surrounding residences and grounds are obtainable.

On the ground floor is a large and prettily furnished reception room containing a piano. Adjoining this is the dining room, and kitchens, while on the opposite side of the hallway is the Registrar's office, from which radiates telephone wires to all rooms throughout the building. In the basement is situated a large laundry and washroom. Each floor is fitted with a fire alarm, and each hallway leads to a fire escape, also on each floor is to be found a small gas heater, making it possible for nurses returning late at night to make a cup of tea and have a light lunch before retiring. In a word, nothing appertaining to

the comfort and well-being of those availing themselves of the advantages of the residence has been neglected by those responsible for its appointments.

Hon. Wm. Hespeler, President of the Nurses' Residence, His Honor D. C. Cameron, Hon. President, and Mrs. Cameron, attended the opening ceremony and reception. Tea was served by Mrs. Willerd Hill, Mrs. R. L. McTavish, Mrs. Hugh McKay, Mrs. C. W. Gordon, Mrs. R. T. Riley, Mrs. R. T. Ross, Mrs. A. T. Taylor, and Mrs. C. R. Ross, while Miss Fielder served the ices, etc.

"The Canadian Nurse" presents its compliments to Miss Creighton and Miss Andrews, and trusts that their efforts in connection with the inauguration and maintenance of the new Residence will meet with every success, and that the Registry will be a boon to the nurses, to physicians, and to the public.

THE MONTREAL FOUNDLING HOSPITAL.

The twenty-first annual report of the Montreal Foundling and Baby Hospital shows everything to be satisfactory except the building, and prospects for a new building in the near future are good.

The training school in connection with this Hospital is the only one of its kind in Canada. Here pupils get a thorough training in the care and feeding of infants and children up to four years of age. The course covers a period of one year.

The great demand for the graduates of this institution is a guarantee of their efficiency.

The following, from a page of the annual report, will give an idea of the instruction given and the work the nurses are trained to do:

OUTLINE OF INSTRUCTION.

The normal baby and its developments.

Physiology of infancy.

Hygiene of the nursery, ventilation, and out-of-door air, temperature, clothing, etc.

The hygiene of the hair, care of mouth, eyes, nose, etc.

Dangers of dust and dirt.

The baby's bath.

Weighing the baby.

Care of premature, weak and sick infants.

Food: breast feeding, mixed feeding, artificial feeding.

Care and preparation of milk (pasteurization and sterilization), care of bottles, nipples (frequency and quantity).

The infant's stools, significance of variation from the normal.

Use of thermometer.

Poultice making.

Nursery emergencies.

INFORMATION CIRCULAR.

Children's nurses wear the complete uniform while in the house.

They take entire charge, day and night, of an infant, or infant and one small child, washing napkins and small flannel pieces; but do not do their own washing.

They take care of the nursery, and do the mending as far as they are able.

They have their meals in the kitchen unless other arrangements are more convenient to the mistress.

Time off duty:—One afternoon and evening every other week, intervening Sunday evenings, and time on Sunday to attend church.

They are competent to meet simple nursery emergencies, but are not allowed to give medicine or in any way prescribe for a baby without a physician's orders.

Wages: Twenty dollars and upwards a month, and railway fare for those graduates taking out-of-town situations.

The graduates of the Toronto General Hospital Training School for Nurses are earnestly requested to send their addresses of residence to the Lady Superintendent.

THE CHRISTIAN IDEAL IN THE MEDICAL AND NURSING PROFESSIONS.

There are too many people who have no ideals, or whose ideals are low, and there are many who have ideals but no dynamic, no power to enable them to reach those ideals. This we find in the Christian ideal.

There is no need of the Christian ideal in our profession, for we are face to face with the problems of evil, disease, and pain, not as subjects for speculation, but as part of our practical lives. We are brought into touch with people who have fallen through no fault of their own, but who have been born into the world handicapped, and yet have to suffer the penalty of outraged and relentless law. And as we see that penalty in different lives, we may be tempted to blame God. Hence the need of the Christian ideal. Professor Osler's ideals are these:

1. Always do to-day's work to-day, and leave to-morrow's to itself.

2. Try to practice the Golden Rule.

3. Be always calm.

But these ideals are too slow for us. So we take the ideals of Christ, The Great Physician.

MARRIAGES.

SAMUEL-PARKE—At St. Faith's Church, Edmonton, Alberta, on December 11th, 1912, Miss Charlotte Parke, Graduate of Dauphin General Hospital, '10, to Mr. Albert E. Samuel, of Edmonton, Alberta.

RYNARD-MACKAY—At Hespeler, Ont., on December 18th, 1912, Miss Margaret Mackay, Graduate of Toronto General Hospital, to Mr. William J. Rynard.

BOYD-STRONG—In Winnipeg, on December 15th, 1912, Miss Caroline Strong, Graduate of the Hospital for Sick Children, Toronto, to Mr. John Boyd, of Moose Jaw, Sask.

SOMERS-SHIELDS—In Toronto, December, 1912, Miss Molly Shields, Graduate of Toronto General Hospital, to Mr. Gordon Somers, of Haileybury, Ont.

KIDMAN-KNOWLES—At London, Ont., on December 25th, 1912, Miss Margaret Knowles, Graduate of Toronto Western Hospital, Class '09, to Mr. Alfred Kidman, of Woodstock, Ont.

RANKIN-MACMURRAY—At Belleville, Ont., on December 18th, 1912, Miss Kathleen MacMurray, Graduate of Toronto Western Hospital, Class '08, to Mr. J. Percy Rankin, of Belleville.

TROLLOPE-WOODLAND—On December 26th, 1912, Miss Tottie Woodland, Graduate of Toronto Western Hospital, Class '11, to Mr. Robert Trollope, of Toronto.

CAMPBELL-GEDDES—In Toronto, on November 2nd, by Rev. S. H. Gray, Roscoe Campbell, M.B., son of Dr. and Mrs. A. J. Campbell, Gravenhurst, to Jean Geddes, only daughter of Mr. and Mrs. Wm. Geddes, Port Elgin, Ont. Miss Geddes is a Graduate of Toronto General Hospital.

GREENHAM-JOHNSTONE—On September 25, 1912, Miss May Johnstone, Graduate of Toronto General Hospital, to Mr. Robert Greenham.

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BACTERIOLOGY AND PATHOLOGY FOR NURSES—By Jay G. Roberts, Ph.G., M.D., of Oskaloosa, Iowa. 12mo, of 206 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Canadian agents, the J. H. Hartz Co., Ltd., Toronto. Cloth, $1.25 net.

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The author here covers very carefully and in detail the work of the pupil during her first year. Some chapters—obstetrics, care of babies, etc.—might be said to properly belong later, but the author claims that "smaller hospitals are often compelled to call upon their younger nurses for assistance in these lines of work."

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ELEMENTS OF ANATOMY AND PHYSIOLOGY—By W. Bernard Secretan, M.B. (Lond.), F.R.C.S. (Eng.), L.R.C.P. Second edition. Revised. Crown 8vo. The Scientific Press, Ltd., 28, 29 Southampton St., Strand, London, W.C., England. Cloth, 2/ net, 2/3 post free.

This book is written especially for pupil nurses, but is very elementary. Nurses need a thorough knowledge of these subjects, and would require a fuller text-book.

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ton's Son & Company, 1012 Walnut St., Philadelphia. Price, $1.00 net.

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